
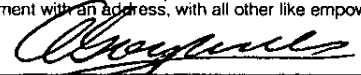


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90051 048 ****61.25

DOCUMENT # 711622 1. Entity Name FOURTH MOORINGS CONDOMINIUM, INC.					
Principal Place of Business 1481 NE MIAMI GARDENS DRIVE #373-D NORTH MIAMI BEACH, FL 33179 US			Mailing Address 1481 NE MIAMI GARDENS DRIVE #373-D NORTH MIAMI BEACH, FL 33179 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1160725	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOYANES, ANASTASIO 1481 N.E. MIAMI GARDENS DR. #373 NO MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOYANES, ANASTASIO		NAME		
STREET ADDRESS	1481 NE MIAMI GROS DR #373		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLUNCK, JENEN		NAME		
STREET ADDRESS	1481 NE MIAMI GRDNS DR. #361		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH, FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOTO LONGO, ADALINDA		NAME		
STREET ADDRESS	1481 NE MIAMI GRDNS DR #263		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIED, HARRY		NAME		
STREET ADDRESS	1481 NE MIAMI GRDNS DR #176		STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HITTMAN, ROBERT		NAME	JAMES ROGERS, DIRECTOR	
STREET ADDRESS	1481 NE MIAMI GRDNS DR #168		STREET ADDRESS	1481 NE MIAMI GARDENS DR # 362	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179		CITY-ST-ZIP	N. MIAMI BEACH, FL 33179	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORO, MICHAEL		NAME		
STREET ADDRESS	1481 NE MIAMI GARDENS DR #262		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			ANASTASIO GOYANES 3/10/08 (35) 945-6956		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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01032008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1160725

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

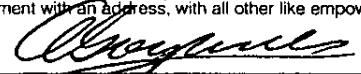
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